W. S. Mo. 1

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item-of infor-MARGIN RESERVED FOR BINDING

V. S. No. 1

| | | CERTIFICATE OF DEATH 08370 |
|--------|---|---|
| 1 | . PLACE OF DEATH | (K3) |
| | County of your ges | Registration Dist. No. 23/ |
| | Village or City OSladeusleurg, Md. | No. Defense He fluory St., Ward death occurred in a hospital or institution give its NAME instead of street and number) |
| | Langth of residence in city or town where death occurredyrs,mos | |
| 2 | FULL NAME Stephen Dailey | |
| | (a) Residence: No. Office Highway (Ulusi place of type) | St., Ward. If nonresident give city or town and State |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. 5 | Male Color of RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH Whenth) July (Day) (Year) |
| Ja. | HUSBAND of Carl MIFE of Curries Poris Bailey | 22. I HEREBY CERTIFY, That I attended dacassad from |
| | A DESCRIPTION OF THE PROPERTY | Hast saw have alive on Sulf 21 1931 danth is said |
| 7. | DATE OF BIRTH (month, day, and year) AGE Years Months Pays If LESS than | Mast saw have alive on |
| | bant 90 Corret age unhaqued day, | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| Z | 8. Trade, profession, or particular | Water as follows Date of onset |
| ATION | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc | no exercise pisseso |
| 3 | 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. | |
| POCC | 10. Date dacaased last worked at this occupation (month and year) spant in this occupation | |
| 12. | BIRTHPLACE (city or town) South Corolina | Other Contributary Causes of Importance: |
| ایم | (State or country) | 0 |
| FATHER | 13. NAME Unhusum | |
| AT. | 14. BIRTHPLACE (city or town) - Lundanauon | Name of operation |
| | (State or country) | What test confirmed diagnosis? |
| HER | 15. MAIDEN NAME (Interval | 23. If daath was due to external causes (VIOL ENCE) fill In also the following: |
| MOT | 16. BIRTHPLACE (city or town) | Accidant, suicide, or homicide? Date of injury, 19 |
| 2 | (State or country) | Whera dld injury occur? (Specify city or town, county and State) |
| 17. | (Address) Clara Johnson | Specify whethar injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. | BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| | Place / Bladewsburg Date ang 3 193 | Nature of injury |
| 19. | UNDERTAKER & Bacalis Sous | 24. Was disaase or injury In any way related to occupation of deceased? |
| 20. | FILED aug 23, 1931 M. D. Spicer Registrar. | (Signed) A Derriell M. D. (Address) River dale mel: |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V.S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write nout.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | ~~ | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

| STATE OF MARYLAND | -CERTIFICATE OF DEATH 08372 |
|---|--|
| P. C. | 210) |
| County Trime Teory | Registration Dist. No. 239 |
| Village or City aurel med | (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| 2. FULL NAME Ethel Barnes | THE REAL PROPERTY. |
| (a) Residence: No. Zamel (Live Inlace of abode) | St., Ward. |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | 21. DATE OF DEATH 7 26 (Par) (Yeer) |
| If married, widowed, or divorced HUSBAND of (or) WIFE of Daughten Varne | 22. 7 / I, HEREBY CERTIFY. That I ettended decoesed f |
| DATE OF BIRTH (month, day, and year) | Registration Dist. No. St., Ward (If death occurred in a hospital or institution, give its NAME inflicad of street and number) mos. ds. How long In U. S. if of foreign birth? Ward If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. 7 1. HEREBY CERTIFY, That I ettended decoesed from 19 3/, to 19 ; deeth is said to have occurred on the date stated above, at. m /0 AM The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Cause of Institute of Cause of Importance were as follows: Other Ceutoputery Causes of importence: Name of operation. Other Ceutoputery Causes of importance: Name of operation. What test confirmed diagnosis? Was there an autopsy? 23. If death wes due to external causes (VIOLENCE) fill In also the following: Accident, subside, or hamicide? Accident, subside, or hamicide? Specify whether injury occurred in INDUSTRY. In HOME, or in PUBLIC PLACE. Was disease or injury by Auto Aurol. Manner of Injury Translation & State of Course of Impure Aurol. If so, specify (Signed). Manuradt M. O. M. O. Marvadt |
| AGE Years Months Days If LESS that I day, | to have occurred on the date stated above, at |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Control of the state of the sta |
| 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. | Trustens of Park 1. 0 |
| 10. Oato decessed lest worked at this occupation (month and year) | Temporal Omesting bours. |
| BIRTHPLACE (city or town) Zarrel (State or country) | Other Coutrobutory Causes of importence: |
| 13. NAME Casher Barris | |
| 14. BIRTHPLACE (city or town) (State or country) | |
| 15. MAIDEN NAME I da ruay | |
| 16. BIRTHPLACE (city or town) (State or country) | Accident, swieide, or hamicide? |
| INFORMANT Samuel Leger (Address) | (Specify city or town, county and State) |
| BURIAL, CREMATION, OR REMOVAL Place Stry Nice Century Oate July 25 , 19-3 | |
| UNDERTAKER The w.c. white Co. Inc. | 24. Wes disease or injury is my way related to occupation of deceased? No |
| FILED July 28, 1931 M. Benshear | - 1: / Duch alk |
| | Length of residence in city or town where death occurred Length of residence in city or town where death occurred Length of residence in city or town where death occurred Length of residence in city or town where death occurred Length of residence in city or town where death occurred Length of residence in city or town where death occurred Length of residence in city or town where death occurred Length of residence in city or town where death occurred Length of residence in city or town where death occurred Length of residence in city or town where death occurred Length of residence in city or town where death occurred Length of residence in city or town where death occurred Length of residence in city or town where death occurred Length of residence in city or town where death occurred Length of residence in city or town where death occurred Length of residence in city or town where death occurred Length of residence in city or town occupation Length |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Exam | ple I | | Example II | |
|---|--------------------|---------------|--|---------------|
| The principal cause of death a of importance were as follows: Arteriosclerosis | and related causes | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset |
| Chronic interstitial nephritis | | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | MIG 6 3931 | July5,1927 | Peritonitis | 3 days ago |
| | RIKEAU V. | 8 | | |
| Other contributory causes of i | mportance: | ** | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | - |
| | | | | |

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLAC | CE OF DEA | TH | | | | |
|--|---|-----------|--|--------------------------------------|--|-------------------|
| Coun | County Prince George (46) | | | (46) | Registration Dist. No. 24 | 5 |
| Villag | Village or City Riverdale (IF | | | | No. 601 Joseph St., f death occurred in a horpital or institution, give its NAME instead of street and s. How long in U.S. if of foreign birth? yrs. | |
| | | | G. Cast | | | |
| | Residence: No. | - | | | St., Ward. If nonresident give city or town ar | nd State |
| PER | SONAL AN | D STATIST | The state of the s | | MEDICAL CERTIFICATE OF DEATH | X |
| s. sex Male | OR DIVORCED (purie the word) | | | RIED, WIDOWED, D (waite the word) | 21. DATE OF DEATH July 10 (Month) (Day) | , 193 1 (Year) |
| HIICDAN | I, widowed, or divo | | Cas | barian | 22. I HEREBY CERTIFY, Thet I ettende Feb. 1 ,1931, to July 10 | d deceased from |
| 6. DATE OF 1 | BIRTH (month, da Years | Months | Deys | 1863 | to have occurred on the dete steted above, at 1:10. A.M. | 31; death is sald |
| 8. Trede | 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Rug Business 9. Industry or business in which work wes done, es SILK Mills Cleaning & repair SAW MILL, BANK, etc. Thug cleaning in this occupation (month and spent in this | | | ormin. | The PRINCIPAL CAUSE OF DEATH and releted causes of importance were esfoliows: Carcinoma of colon Abdominal carcinomatosis | Date of onset |
| 9, Indus W S 10. Date | | | | g & repai | - ADQUMINAT GARCINGMACOSIS | dur |
| | 12. BIRTHPLACE (city or town) Armenia (Stete or country) | | | | Other Contributory Causes of importence: Starvation - exhaustion | 30 days |
| 13. NAMI | E | unknow | n | | | |
| | HPLACE (city or to Stete or country) | Armen | 1 a | | Neme of operation Dete of Whel lest confirmed diegnosis? Wes there en | |
| 15. MAID | EN NAME | unknow | | | 23. If deeth was due to external causes (VIOLENCE) fill in also the following | ng: |
| 15. MAID 16. BIRTI | HPLACE (city or to State or country) | wm) Armen | ia | | Accident, suicide, or homicide? Date of injury, 19 | |
| 17. INFORMANT C. H. Casbarian (son) (Address) Hyattsville, Md. 18. BURIAL, CREMATION, OR REMOVAL Piece Bladensburg, Mobete July 12, 19.31 | | | | | (Specify city or town, county and State) Specify whether lojury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| | | | | | Menner of injury | |
| 19. UNDERTAKER F. Gaschs & Sons (Address) Bladensburg, Md. 20. FILED 7/12/, 1931 Mrs. Jaset Severe Deputy Regular. | | | | | 24. Was disease or injury In eny way releted to occupetion of deceased? | |
| | | | | | (Signed) Jeonge A. E. M. (Address) Washington, D. C. | ard M. D. |

V. S. No. 1

ż

sent for sig because of ink spilled on other certificate. UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

RECEIVED 8/6/31 BUREAU VS

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merehants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemarrhage | Jaly 5, 1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance Gallstones | May 1, 1923 | Other contributory causes of importance: | 1-year |
| 160 | | | |

| X | 15 | PLACE OF DEATH | 08374 CTATE OF MARYLAND |
|--------|------------------------|--|---|
| N | \ Ze | 1. Cremo | STATE OF MARYLAND |
| 41 | Tu. | County / Vivis | CERTIFICATE OF DEATH |
| | , 60 Pod | 1 -1 | Registration Dist. No. |
| | 7 118 | Village or City Marun (No. 3) | 42 + Hamis co. Wand (If death occurred in |
| / | TAC OR | - Contract of the contract of | St.: Ward a hospital or institu- tion, give its NAME i. |
| | EX y ol | 2FULL NAME LINCA CO | stead of street and number.) |
| / (| Por I | | |
| | Tate | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 40 | 0000 | 3 SEX 4 COLOR OR RACE 5 SINGLE, | 16 DATE OF DEATH IN 63 21 |
| Z | OK OK | OR DIVORCED | 1927 |
| | M.A. | (Write the word) | (Month) (Day) (Year) |
| Z | ER t n | 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| m | Date P | Jeg 1 1 100° | |
| R | the Act | (Month) (Day) (Year) | that I last saw halive on, 192, |
| ja. | IS . | | and that death occurred on the date stated above, at |
| Ω | HIS led ns ns | yrs. inos, ds. or min.? | the CTOSE OF DEATH * was as followed in her dun |
| /E | The | 8 OCCUPATION | ST 7 Am the hill havy offer |
| R | See | (a) Trade, profession or particular kind of work | mary not show his bet. We |
| SE | Z Zet | (b) General nature of industry | die die de de de |
| M | G efu n p | business, or establishment in which employed or (employer) | no further (Direction) vis times de. |
| 7 | NIC | 9 BIRTHPLACE | Contributory A |
| (5) | AL AT | (State or country) | Secondary (Duration) |
| Ä | N PO P | 1 10 NAME OF /15 O'V ' O / A | Al Jauco astruatorna |
| M | U OF | FATHER WULLAM J. CO.C. | (Signed) That Person To |
| | TH sh E | M 11 BIRTHPLACE OF FATHER | 192 (Address) My Manues W. |
| 4 | OCS | Z (State or country) | Violent Causes, state (1) Means of Injury and (2) Whether |
| , | TAST | 12 MAIDEN NAME MAN & CON | Accidental, Suicidal or Homicidal. |
| | L'Y | of MOTHER A. C. | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| | of con | 13 BIRTHPLACE OF MOTHER | At place In the of death yrs |
| | 7 | (State or country) | of death yrs |
| | E P | 14 THE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE | if not at place of dea.h? |
| | The | Jesse reggs | Former or usual residence |
| | S H | (Informant) | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| | Every CIAN State | (Address) State of the state of | Washy h A . 9 Kg/3. 10 2 |
| 6.1 | A C E | 15 123 34 Stan halles Mar | 24 UNDERTAKER ADDRESS |
| Ž | (10) | Filed 1927 Registrar | Way 57 7 |
| > > | (z) | If more branks are needed, address State Registrar | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |
| | | | |

REVISED UNITED STATES STANDARD.

(Approved by U. S. Census and American Public Health Association.)

person, irrespective of the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive augineer, Civil-engineer, Stationary frames, etc. at the kind of work and also (b) the en at home, who are engaged in the duties of the Statement of Occupation Precise statement of occupation is very important, so that the relative health-For many occupations a single word or term on Mationary freman, etc. But in many cases, especially in industrial employments, it is necesnature of the business or industry, and therefore an additional line is provided for the latter statement; it should is used only when needed. As examples: (0) Spinner, (b) Cotton mill; (a) Salvsmon. (h) Grocery; (a) Forenau, (b) Automobile factory. The material Never return "Laborer," "Foroman," "Manager," "Dealer," etc., without more precise specification as Day loborer, Farm laborer, Laborer-Coul mine, etc. Womhousehold only (not paid Housekeepers who receive a definite salary, may be entered as Howevife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken state occupation at beginning of illness. If retired from specifically the occupations of persons engaged in domertic service for wages, as Nevant, Cook, Housenaid, et .. If the occupation has been changed or given up on account of the DISHASE CAUSING DEATH, worked on may form part of the second statement. business, that fact may be indicated thus; Farmer (re-For persons who have no occupation tion applies to e ch and every whatever, write None. Sarve to Know 1178 . to report tired 6 age.

Statement of Gause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Corbrospinal fever (the only definite synonym is "Epidemic cerebrostinal meningitis"); Dipidheria avoid use of "Croup"); Typhoid fever never repart "Typhoid Pneumonia"); Lobar pneumonia, Brone weam.

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL perilonitis," etc. unqualified, is indefinite; Tuberculosis of lungs, menperitonneum, etc., ('arcinoma, Sarcoma, etc., of name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; erstillad nephrilis, etc. The contributory or intercurrent, affection need not be causing death), 29 ds.; Bronchopneumonia (secondary), Never report mere symptoms or terminal condi-"Debility" ("Congenital," "Senile," etc., "Dropsy," and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. accident; Revolver wound of head-homicide; Poisoned by carbolic acid - probably suicide. The n. ture of the injury, tions, such as "Asthenia," "Anaemia" (merely symptom-State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OFINJURY donus may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of approved by Committee on Nomenclature stated unless important. Example: Measles Whooping cough; Chronic valvular heart as fracture of skull, and consequences (e. American Medical Association.) Chronic interstitial (secondar,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. E. No. 1

| 0 | (AC |
|--|--|
| 4 | 17 × 5 |
| | per |
| - | rol |
| D | 000 |
| 1A | A P |
| Z | ula p |
| アコ | tro |
| × | E sat |
| 2 | AG |
| 2 | P os |
| Ī | ns nst |
| - | App Perr |
| į. | Se Se |
| Z | ie i |
| 5 | eft. n p |
| 2 | H |
| A | AT. |
| 7 | d L |
| | DIL A |
| I | 000 |
| | SUS |
| , | TAN |
| , m | HO H |
| | for |
| 1 | L TO |
| 7 | ulo of |
| T) | sho nt |
| 7 | S S |
| > | To to |
| WRITE FLACY, THE UNFADING INKIHIS IS A PERMANNI CO | Every Item of Information should be carefully supplied ACE should be stated EXACCIANS should state CAUSE OF DEATH in plain terms so that it may be properly classification of OCCUPATION is very important See instructions on back of certificate |
| | |

| | PLACE OF DEATH County Progre | STATE OF MARYLAND CERTIFICATE OF DEATH |
|---|--|--|
| | | Registration Dist. No. 243 |
| | 2FULL NAME Charles True | St.: Ward) (If death occurred is a hospital or institu- tion, give its NAME in- stead of street and number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | male Color of RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED MASSES (Write the word) | 16 DATE OF DEATH July 15 193/ (Month) (Day) (Year) |
| | 6 DATE OF BIRTH (Month) (Day) (Year) | that I lest sow handive on July 14, 1923 |
| | 7 AGE If LESS than I day hrs. 1 da or min | and that death occured on the date stated above, et 5 Pm. |
| 1 | B OCCUPATION (a) Trade, profession or Jorman of Labor particular kind of work Vorman | Chronic Nephrihis |
| 0 | business, or establishment in which employed or (employer) | (Duration) , yra. mos. de. |
| | 9 BIRTHPLACE (State or country) Mary load | Contributory Secondary Duretton) via mos de |
| | 10 NAME OF FATHER John Coracoford | (Syned) Thoof Walfen D |
| - | OF FATHER (State or country) Mary land | *State the Discase Causing Death, or, in deaths from Violent Causs, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. |
| | of MOTHER James Pauser 13 BIRTHPLACE OF MOTHER OF MOTHER | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the |
| | (State or country) Mary Lock 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | of death yrs mos ds. State yrs mos ds. Where wes disease contracted, if not et place of death? |
| | (Informant) | Former or usual residence |
| | (Address) | DATE OF BURIAL OR REMOVAL DATE OF BURIAL July 18, 1931. |
| | Filed 7-16 1987 F Lau earling Registral | Martin Flating Sono Bowie Vad |
| | If more hanks are medded address State Variations | 16 W Sanatora St Balto Paguating V S No. 1 |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: 'a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Civil engineer. Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day Compositor, Architect, For persons who have no occupation Stationary freman, etc. But in many Locomotive engineer, Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinul meningitis"); Dephtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonitis, can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senilc," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, approved by Committee tetanus) may be stated under the head of "contributory. as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suncide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train diseases Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Messles, unqualified, is indefinite); Tuberculosis of lungs, mensecondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mcre symptoms or terminal condiresulting from childbirth or miscarriage as or intercurrent) affection need not be ass important. Example: Measles (disease Chronic valvular heart disease, on Nomenelature of the etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lthe data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT Registration Dist. No. Village or City death occurred in a hospital or institution, its NAME instead of street and number) Length of residence in city or town where death occurred ds. How long In U.S. If of foreign birth? vrs. PHYSICIAN (a) Residence: No. Il nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 4. COLOR OR RACE 2/ (Day) Month (Year) 5a. If married, widowed, or divorced HUSBAND of 22. Than I attended deceased from (or) WIFE of PERMA 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE Years Months If LESS than 1 day,____ The PRINCIPAL CAUSE OF DEATH and related causes of importance min. 8. Trade, profession, or particular CCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc...... back may 10. Date deceased last worked at 11. Total time (years)
spent in this no this occupation (month and that occupation. instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (ofty or town) plain (State of country) What test confirmed diagnosis?_____ be carefully OTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Data of Injury____ DEATH 16. BIRTHPLACE (city or town) (State or country Where did Injury occur?____. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT very (Address) 18. BURIAL, CREMATION Manner of Injury AUSE mation Nature of injury. LION 24. Was disease or injury in any way releted to occupation of deceesed? 19. UNDERTAKER (Address) If so, specify 20. FILED Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore,

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Corebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| BUREAUV | | | |
| • | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. Mo. 1

| STATE OF MARYLAND | CERTIFICATE OF DEATH 08377 |
|--|--|
| 1. PLACE OF DEATH | (50) |
| County Minage Clarac. | Registration Dist. No. 239 |
| Village or City Land Une the | |
| | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of rasidance in city or town whera daath occurradyrsmos. | |
| 2. FULL NAME ! Damie Calumbia | Fairell/ |
| | , acces |
| (a) Residence: Np. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| OR DIVORCED (write the word) | 7 6 102 / |
| J. Married | (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced | 22. HEREBY CERTIFY, That I attended deceased from |
| (ar) WIFE of James R. Fairall | 7/1-1931. to 7/6 1931 |
| 6. DATE OF BIRTH month, day, and year) we 20 1869 | |
| 7. AGE Wars Month Days If LESS than | to have occurred on the data stated above, at 11 'sa.m. |
| 1 day, | The PRINCIPAL CAUSE OF DEATH and related causes of Importance |
| 6 % 60 - 16 ormin. | were as follows: |
| 8. Trada, profession, or particular kind of work done, as SPINNER, | Generalized |
| SAWYER, BDDKKEEPER, atc. | Rarlyporalosis |
| work was done, as SILK MILL. | huran Mannay gland 1929 |
| SAW MILL, BANK, etc | |
| this occupation (month and spent in this year) occupation | |
| M. P. 1 | Dthar Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) (State or country) | accept Cardial Dilitation 7/4/51 |
| | |
| 13. NAME TOW MEET | |
| 14. BIRTHPLACE (city or town) | Name of operation Removel St. Mannay Date of 1929 |
| (Stata or country) | What test confirmed diagnosis? Was there an autopsy? Lo |
| 15. MAIDEN NAME 6 they Walton | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicida, or homicida? Data of Injury, 19 |
| (State or country) | Whera did injury occur? |
| () 1 - 00 | (Specify city or town, county and State) |
| (Addrass) Lawel and | Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, DR REMOVAL | |
| Place dry office Date free, \$ 1931 | Mannar of injury |
| The state of the s | Nature of injury |
| | 24. Was disaase er injury in any way ralated to occupation of decaased? |
| (Address) & and my | If so, specify |
| 20. FILED July 7, 1931 M. Bachery | (Signed) M. D. |
| Parity | (Address) FRIII AAAA |

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Balismore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation who to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Corebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| BUREAU | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

MARGIN RESERVED FOR BINDING

| STATE OF MARYLAND- | CERTIFICATE OF DEATH 08378 |
|--|---|
| 1. PLACE OF DEATH | 48) |
| County Opine George | Registration Dist. No. |
| Village or City Lo Humbia Park Md | No. St., Wa f death occurred in a hospital or institution, give its NAME instead of street and number) |
| 177 | ds. How long In U.S. If of foreign birth? 40 yrs. mos. |
| 2. FULL NAME Magdalena Joerster | |
| (a) Residence: No. | St., Ward. |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH |
| Homale White. OR DIVORCED (write the word) | (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND ot (or) WIFE of | 22. I HEREBY CERTIFY. That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) March 10 , 1855 | Hast saw have alive on outer 1 1931 death is s |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above at 12 4 m. |
| 7.5 21 7 I day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trade, profession, or particular | Care money of Utures Date of one |
| kind of work done, as SPINNER. Len Wide. | metastus: 1 (1) |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | and lines |
| 10. Date deceased last worked at 11. Total time (years) | ang rung - |
| this occupation (month and spant in this occupation 34 | |
| 12. BIRTHPLACE (city or town) Bayes ofer Frankling | Other Contributary Causes of Importance: |
| (State or country) | T |
| 13. NAME Octor Sollner | |
| 14. BIRTHPLACE (city or town) Dayen Obalankin | Name of operation Hydereday Date of 3-5- |
| (State of Country) | What test confirmed diagnosis? Was there an autopsy? 4 |
| 15. MAIDEN NAME not Kurson | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) Rot America | Accident, suicide, or homicide? |
| and Coodson Lenk | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INNISTRY in HOME and PUBLIC DIACE |
| 17. INFORMANT (Address) Value Rad C.D. Landows Lead | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place toch Lincoln Date July 20, 1931 | Nature of injury |
| 19. UNDERTAKER & Gasch's Sons | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) Bladensburg ma | If so, specify |
| 20. FILED July 19, 1931 M. D. Squels. Registrar. | (Signed) Lo: J. E. P. a. y. M. (Address) 60 (numer con 9, 3, |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 2 5 31 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1 1921 | Run over by street car | 1 week ago |
| Corebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| • | _ | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| The second secon | |
|--|--|
| The same of the sa | |
| | |
| | |
| M | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

MARGIN RESERVED FOR BINDING

V. S. No. 1

PLACE OF DEATH

| County Truce Teorge | CERTIFICATE OF DEATH |
|---|--|
| | Registration Dist. No. 243 |
| Village or City Glendale (No | St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. Married WIDOWED. (Write the word) | 16 DATE OF DEATH July 23 , 1931 (Month) (Day) (Year) |
| G DATE OF BIRTH June 9 , 1867 (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from July 1921 to July 23 , 1921 that I last saw here alive on July 23 , 1921 |
| 7 AGE GH yrs. mos. Gds. or min.? | and that death occurred on the date stated above, at 400 m. The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or lahely Plant Propagate (b) General nature of industry | Urenna. |
| business, or establishment in which employed or (employer) US. agri. Refl. BIRTHPLACE (State or country) | Contributory Secondary Contributory Contributory Contributory Contributory Contributory Contributory Contributory |
| 10 NAME OF Henry Goucher. 11 BIRTHPLAGE | (Signed) M. D. M. D. M. D. M. D. |
| OF FATHER (State or country) 12 MAIDEN NAME (State of Country) | *State the Discase Causing Death, of in deaths from Violent Causes, state (1) Mean of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER Jane Howey 13 BIRTHPLACE OF MOTHER (State or Country) Preland | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, |
| (Informant) & P. Soucher | if not at place of dea.h? Former or usual residence |
| (Address) Cherry dala, Va. | Washington Lele July 73, 1931 |
| Filed wh 33 1931 Kauclesh har | J. Wm Lie? Sons masking londel |
| If more blanks are needed, address State Registral | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

053:3

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as regulaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on Compositor, For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital;" "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease "Inanition, Chronic interstitial nephritis, Whooping perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; " "Marasmus," "Old Age," "Shock, Chronic valvular heart etc. Nomenclature The contributory Always qualify all disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PHYSI-

| | PLACE OF DEATH | |
|-------|---|------------|
| | County Grand George | 9 |
| Vill | lage or City Mt Rainer Mid (No. 3200 Phoc | Le |
| | 2FULL NAME Delores. Jean ? | L |
| | PERSONAL AND STATISTICAL PARTICULARS | |
| 3 \$ | EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 |
| 6 0 | ATE OF BIRTH | 17 |
| | (Month) (Day) (Year) | tha |
| 7 A | ge 9 If LESS than I day hrs. or min.? | Th |
| O (b) | CCUPATION a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in hich employed or (employer) | |
| 9 B | IRTHPLACE (State or country) | |
| | 10 NAME OF FATHER Rolf, R. Gray. | Sig |
| RENTS | OF FATHER (State or country) Term. | |
| PAR | OF MOTHER Culyn Roth | 18 |
| 1 | 13 BIRTHPLACE OF MOTHER (State or Country) | At |
| 14 7 | THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | wh if |
| | (Informant) Robert R. Gray. | For usu |
| | (Address) my Rainer Dyes | |
| 15 | Filed (\$22 1923) / Sephally Registrar | 20 |

| STATE | OF I | MARY | LAND |
|----------|------|------|-------|
| CERTIFIC | CATE | OF | DEATH |

08350

| | GERTIFICATE OF DEATH |
|---|---|
| | Registration Dist. No. |
| 0 | Gray (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.) |
| | MEDICAL CERTIFICATE OF DEATH |
| | 16 DATE OF DEATH 7-22, 1931 |
| = | (Month) (Day) (Year) |
| > | that I last saw h Walive on 192 |
| n | and that death occurred on the date stated above, at 350 Pm. |
| ? | The CAUSE OF DEATHS was as follows: |
| | |
| | Contributory Ciele Delebotion of Heavy |
| | (Dyration) yeg mos ds. |
| | Signed M.D. LINGTO M.D. |
| - | *State the Diacase Causing Death, or, in deaths from Violent Causea, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| _ | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transienta or Recent Residents) |
| | At place of deathyrsmosds. In the Stateyrsmosds. |
| • | Where was disease contracted, if not at place of death? |
| | Former or usual residence. |
| | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| | Vachington V. 7-22. 1931 |
| | 20 UNDERTAKER ADDRESS |
| • | Granded Sud 916-7+ st mo |

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, whatever, write None. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Dealshould be used only when needed. As examples: (a)Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Housemuid, etc. If the occupation has been changed ." etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer--Coal minc, etc. Wom-6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train taken. For VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 193 CERTIFY, Thet I attended deceased from Date of onset What test confirmed diegnosis? A was there an autopsy 200 23. If deeth was due to external causes (VIOLENCE) fill In elso the following Accident, sulcide, or homicide? Date of Injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| The principal cause of death and related causes Date of onset of importance were as follows: | | | Example II | | |
|--|-------------------|-------------|--|---------------|--|
| | | | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | AUG 8 1931 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephrit | 8 | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | BUREAU Y | July 5,1927 | Peritonitis | 3 days ogo | |
| | | | | | |
| | | - | | | |
| Other contributory caus | es of importance: | | Other contributory causes of importance: | | |
| Gallstones | | Moy 1,1923 | Gastroenteritis | 1 year | |
| | | | | - S | |

OCCUPA.

| STATE OF MARYLAND | CERTIFICATE OF DEATH 08382 |
|--|---|
| 1. PLACE OF DEATH | (120) |
| County Prince George | Registration Dist. No. 231 |
| Village or City M. Bladensburg | NoSt,Ward |
| Length of residence in city or town where death occurred yrsmos. | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? |
| Pata Chas | 43 |
| 2. FULL NAME / GILL TILL | |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| OR DIVORCED (write the word) | (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | |
| (or) WIFE of Polest A. Green | 22. I HEREBY CERTIFY. That I attended deceased from 2. 193/ to 2. 24 193/ |
| A PART OF DIDTH () | I lost saw h W alive on 2 28 , 19.3 /; death is said |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than | to have occurred on the date states above, at 10.30 Am. |
| 1 day, hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trada, profession, or particular | were as follows: |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which 9. Industry or business in which | Ausen line catorolal. 2 ho 23 |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| SAW MILL, BARN, etc | |
| year) occupation occupation | Other Contributory Causes of importance; |
| 12. BIRTHPLACE (city or town) (State or country) | |
| | m |
| 13. NAME 14. BIRTHPLACE (city or town) | Name of operation. Date of |
| (State or country) | What test confirmed diagnosis? Was there an autopsy? /*** |
| 15. MAIDEN NAME Cona Shepherd | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicida? Date of injury, 19 |
| (State or country) | Where dld Injury occur? (Specify city or town, county and State) |
| 17. INFORMANT CAddress) 7 5 7 Cranbelt M. Philip | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Marriage Q. Date 8/2, 1931 | Natura of injury |
| 19. UNDERTAKER WEYALLS | 24. Was disease or injury In any way related to occupation of deceased? |
| (Address) /4/31 - 2/000 allg. | If so, specify |
| 20, FILED July 29, 1931 m. D. Spicer | (Signad) 3 M 2 may M. D. M. D. (Address) Seat Pleasan I may |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| i . | • | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

, washington D.C.

STATE OF MARYLAND CERTIFICATE OF DEATH

(If death occurred in a hospital or institu-St.: Ward) tion, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH

I HEREBY CERTIFY, That I attended the deceased from

and that death occurred on the date stated above, at

1 *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the

DATE OF BURIAL

.mos.....ds.

If more blanks are negded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from Spinner, (b) Cotton should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neceshousehold only (not paid Housekcepers who receive a (a) Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the mill; (a) Salesman. Locomotive engineer, (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERFERAL septicaemia," "PUERFERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of letanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, and consequences (e.g., sepsis, can be ascertained as the cause. Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid by Committee on Chronic valvular heart disease; etc. The Nomenclature Always qualify all contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

.

WRITE PL

| | PLACE OF DEATH | US334 STATE OF MARYLAND |
|-----|---|--|
| | County OX WES | CERTIFICATE OF DEATH |
| | | Registration Dist. No. |
| | Village or Rot Rames (No. 3916 - | St: Ward) (If death occurred in a hospital or institu- |
| 100 | ² FULL NAME | yun Wars Hynos number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 200 | 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED. OR DIVORCED OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| | 6 DATE OF BIRTH Quely 6 , 193 | HEREBY CERTIFY, That I attended the deceased form |
| | (Month) (Day) Year) | that I last saw h Alife for the 12, 192. |
| 3 | 7 AGE St. II Brul II day hrs. | and that death occurred on the date stated above, at |
| | yrsds. ormin.? | The CAUSE OF DEATH - was as follows: |
| | occupation (a) Trade, profession or | Incomplete development |
| 5 | particular kind of work | (Swall head skull not |
| 1 | (b) General nature of industry business, or establishment in | developed 2 portoper 10 Helismon do. |
| | which employed or (employer) | Contributory LADRING 1984 |
| | 9 BIRTHPLACE (State or country) MA Waynes Thex | Secondary (Durstion) yrs. ds. |
| | FATHER Paul Paumons Hyon | (Signed) 1 1 m / MMM M. D. |
| | OF FATHER (State or country) (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether |
| | of MOTHER and Maris 7 mm | Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) |
| | 13 BIRTHPLACE OF MOTHER (State or country) Much all. | At place of death yrs |
| | 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of death? |
| | (Informant) Mary M. Roland | Former or usual residence |
| | (Address) 3909 - 29 St- M Rainy. | Blatensburg m & July 9-, 1931 |
| | Filed 9 492 1 Registrar | 20 UNDERTAKER JOHN Bladenstury |
| | If more blanks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census 2nd American Public Health Association.)

er," etc., without more process. Tall minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Womadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, (b) For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, Automobile factory. The material Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

> "Inanition," " tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by stated unless important Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; 1. hopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Never report mere symptoms or terminal condi interstitial nephritis, or intercurrent) affection need not be "Marasmus," "Old Age," "Shock," Chronic Carcinoma, Sarcoma, etc., of etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

|) | \$ | STATE OF MARYLAND— | CERTIFICATE DEATH | | |
|-------------|--------------------------------|---|--|--|--|
| | S d | 1. PLACE OF DEATH | W.L. | | |
| /5 | ould sc | County Trings Trocker | Registration Dist. No. 229 | | |
| / " | should of OCC | Village or City Tankel Mills | No. St., Waldesh occurred in a hospital or institution, ave its NAME instead of street and number) | | |
| | | Length of residence in city or town where death occurred 45 yrs | | | |
| 1 | AA | 2. FULL NAME John Edgar, Trus | HA | | |
| - | YSICIANS statement | (a) Residence: No. Danie Mil G. G. | St., & Ward. | | |
| | | (Usual place of abode) | If nonresident give city or town and State | | |
| 2 | Exact | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | |
| | | 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 1. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH (Morth) (Day) (Year) | | |
| ING | C T I | 5e. If merried, widowed, or divorced HUSBAND of | 22. / I HEREBY CERTIFY, That t attended deceased for | | |
| 0 | A | (or) WIFE of Clausetty Justin | July 28, 19 7, 10 July 25, 19 3 | | |
| BIND | E CLX | 6. DATE OF BIRTH (month, day, and year) Oct. 5 1876 | I last saw handlive on July 25, 19 37; death is sa | | |
| 2 | stated E properly | 7. AGE Years Months Days tf LESS than | to heve occurred on the date stated above, at 8 m. | | |
| 10, | stated proper ertifica | 54 9 28 1 day, | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | | |
| F (| 2 | 8. Trede, profession, or particular kind of work done as SPINNER | | | |
| EI | be be | kind of work done, as SPINNER. Machines SAWYER, BOOKKEEPER, etc. 9. Industry or business in which | andraidle. | | |
| RV | may | 9. Industry or obsiness in which work was done, es SILK MILL, Mary Jands | myreadile | | |
| RESERVED | sh | 10. Date deceased last worked at this occupation (month and 1944) 17. Total time (years) spent in this | | | |
| RE . | [1] | year) becupation year | Other Contributory Causes of importance: | | |
| . 7 | oplied. AGI | 12. BIRTHPLACE (city or town) Fredrick Creeks nel | | | |
| MARGIN | ed. | (State or country) | | | |
| AR | suppli n term ee ins | II 13. NAME CHANTAURING | | | |
| M I | y sul ain t | 14. BIRTHPLACE (city or town) | Name of operation Date of | | |
| | lly pla | (State of country) | What test confirmed diagnosis? | | |
| | | 15. MAIDEN NAME 16. BIRTHPLACE (city or town) | 23. If death was due to externel ceuses (VIOL ENCE) fill In elso the following: | | |
| - | car L'H lort | (State or country) | Accident, sulcide, or homicide? | | |
| | ld be car DEATH y import | a & Filestin | Where did injury occur? (Specify city or town, county and State) | | |
| ~ | hould OF D | 17. INFORMANT A. M. | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | | |
| 5 | 3 10 | 18. BURIAL, CREMATION, OR REMOVAL | Menner of injury | | |
| | | Place Tours Mile Date Cury 30, 1931 | Neture of injury | | |
| 1 WPDT | mation s CAUSE TION is | 19. UNDERTAKER DISTAIL Somalsheber | 24. Was disease or injury In eny wey related to occupation of deceased? | | |
| No. | i | (Address) Husel Me. | If so, specify | | |
| 1 /2 | | 20. FILED sely 3d, 193/ M. Brasheurs | (Signed) M. | | |
| PTI | 4 | Registrar. | (Address) A Claring Brown Ed S N | | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and we home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation what wer write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance name other important diseases or injuries. Examples:

| Example I | | | Example II | |
|--|----------------------|---------------|--|---------------|
| The principal cause of deat of importance were as follow | h and related causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1931 | 1915 | Attack of cpilepsy | 1 week ago |
| Chronic interstitial nephritis | 47 | . 0.1921 | Run over by street car | 1 week ago |
| Corebral hemorrhage | TIREAU | July 5, 1927 | Perilonitis | 3 days ago |
| | | | | |
| Other contributory causes of | of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

PLACETOF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIEO. WIOOWED. OR DIVORCED (Write the word) I HEREBY CERTIF 6 DATE OF BIRTH (Month) (Day) IIf LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * wee as follows: terms ds. or min.? 8 OCCUPATION 96 (a) Trade, profession or E 0 particular kind of work pla (b) General nature of industry business, or establishment in which employed or (employer) Cal ō Contributory 9 BIRTHPLACE 0 Secondary (state or country MARGI DO EA 00 10 NAME OF (Signed). 34 00 (O LU OF FATHER E ON Z (State or country) 20 Accidental, Sulcidal or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LINGTH OF RUSIDENCE (For ients or Recent Residents) 13 BIRTHPLACE 0 At place OF MOTHER of deathyis......mos......ds. (State or Country) 400 Where was disease contracted, Item of S should if not at place of dea h?..... 0 Former or usual res.dence (Informant) Every It CIANS stateme 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER 20 Registrai If more blanks are needed, addre.s Ctate Registror, IS W. Saratoga St., Balto., Requesting V. S. No. 1.

391 STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in Ward) a hospital or institu-(Mothition, give its NAME is stend of street and number.) MEDICAL CERTIFICATE OF DEATH Y, That I attended the deceased from (Duration) (Duration) l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of /Injury and (2) Whether Hospitals, Institutions, Irans In the State_____yrs.____mos.__

DATE OF BURIAL

ADDRESS

(Approved by U. S. Census ɛnd American Fublic Health Association.)

fulness of various pursuits can be known. The quesnature of the business or industry, and therefore an additional line is provided for the latter statement; it cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci Statement of Occupation-Precise statement of oc-Housemaid, etc. household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been clanged Locomolive engineer, 6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely, (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condi Chronic Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently field.

. S.

1.1-

| 11 | 08387 | | |
|--|--|---------------------------------------|--|
| PLACE OF DEATH | | MARYLAND | |
| County of The | CERTIFICATE OF DEATH | | |
| County of the Control | | 5 | |
| B 7011 | Registration | Dist. No. 245 | |
| Village or City & Moon Mio. | St.: War | Of death occurred in | |
| , | | tion, give its NAME II - | |
| 2FULL NAME Not rums | remaluro n. | stead of street and | |
| | 1 | enney 2 m w | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, | 16 DATE OF DEATH | 10 21 | |
| WIDOWED. OR DIVORCED | (Month) (Day) (Year) | | |
| Truck (Write the word) | | | |
| 6 DATE OF BIRTH | I HEREBY CERTIFY, That I attended the deceased from | | |
| My / 0 , 1921 | 1927 to 1927 | | |
| (Year) (Day) (Year) | that I last saw h . Colle on Colle | 193 | |
| 7 AGE SULL CONTROL OF LESS than | and that death occurred on the date stated above, atm. | | |
| Mrsulur, Iday hrs. | The CAUSE OF DEATH * was as follows: | | |
| yrs. mos. ds. or min.? | 1-WWW.RUSS | | |
| 8 OCCUPATION (a) Trade, profession or | | · · · · · · · · · · · · · · · · · · · | |
| particular kind of work | | **** | |
| (b) General nature of industry business, or establishment in | 15 | | |
| which employed or (employer) | Ouration) | | |
| 9 BIRTHPLACE (State or country) | Contributory Secondary | | |
| (State of country) Junihor and | (Duration) | | |
| 10 NAME OF ALL MARTINES | (Signed) The Collection M. D. | | |
| X9 VUI HILL INVINY | | | |
| OF FATHER | 1927 (Address) | an in deaths from | |
| C (State br country) | *State the lisease Causing leath Violent Causes, state (1) Means of l Accidental, Suicidal or Homicidal. | njury and (2) Whether | |
| OF MOTHER SLAND BANTA | 1a Lingth OF RESIDENCE (For Hosp | in la Indianala 3 | |
| a | ients or Recent Residents) | itals, institutions, ir.no | |
| 13 BIRTHPLACE OF MOTHER | At place in th | | |
| (State or Country) AM WWW. | of deathyrsmosds. St | ateyrsmosds. | |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | it not at place of dea h? | | |
| 1 Makes | Former or | | |
| (Informant) | 19 PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL | |
| (Address) Brankbood mi | | | |
| | 20 UNDERTAKER | ADDRESS | |
| 15 Filed my 22 1931 ms Jap. Devere | > | | |
| Registra | | | |
| If mere blanks are needed, address care Kegistran | r, 16 W. Saratoga St., Balto., Lequesting V. | S. 1.0. 1. | |

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to e.ch and every person, irrespective ci whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cooks to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typholid fever (never report "Typholid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

approved by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopncumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all Whooping cough; Chronic Chronic interstitial nephritis, (Recommendations on statement of cause of death carbolic acid-probably suicide. The n-ture of the injury, aecident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, or intercurrent) affection need not be Committee on Nomenclature of the Example: Measles (disease valvular heart disease; etc. The contributory

II this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Former or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health. Statement of Occupation Precise statement of ocen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, stake occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screent, Cook, to report specifically the occupations of persons enployed, as Al school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Physician, whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. yrs). (b) Cotton mill; (a) Salesman. Compositor, (b) Stationary fireman, etc. For persons who have no occupation Automobile factory. The Architect, Locomolive engineer, As examples: (a) But in many (b) The quesmaterial Grocery,

Statement of Cause of Death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospial* fever the only definite synonym is *Epidemic cerebrospial* in meningitis*; *Diphtheria* avoid use of *Croup*, Typhoid fever inever report *Typhoid Pneumonia*; *Lobur presumonia*, *Bronchopneumonia* ("Pneumonia*, *P.)

"PUERPERAL septicacmia," "PUERPERAL peritonitis, can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary Whooping use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as approved (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as mobably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by rodway train American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, interstitial nephritis, cough; by Committee on or intercurrent) Chronic Carcinomu, Sarconu, etc. of affection need etc. The rabralar heart Nomenclature Always qualify all contributory Measles; not be discuse;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

| R BINDI | A PERM | CE should |
|---------------------------|---|--|
| 0 | S IS | d. A |
| MARGIN RESERVED FOR BINDI | WRITE PLACY, TH UNFADING INKTHIS IS A PERMA | y Item of Information should be carefully supplied. ACE should |
| | PLA LY, TH | of Information sho |
| | WRITE | ry Item |

V. S. No. 1

| | 8389 |
|---|---|
| 1PLACE OF DEATH | STATE OF MARYLAND |
| County Suice Joyge WITHIN CORPORT | CERTIFICATE OF DEATH |
| | Registration Dist. No. 239 |
| Village or City hause (No. | St.: Ward) (If death occurred In a hospital or institu- |
| 2FULL NAME Mary O, Treats | tion, give its NAME in- stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Female 2 COLOR OR RACE SINGLE, MARRIED. WIDOWED OR DIVORCED (Write the word) | (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) | that I last saw her alive on 7/27, |
| 7 AGE If LESS than | and that death occurred on the date stated above, at im. |
| 8 9 yrs. 5 mos. 4B ds. or min. | The CAUSE OF DEATH * was as follows: |
| 8 OCCUPATION (a) Trade, profession or | Murridely - astrus |
| particular kind of work | Callerone |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Durstion) / yrs. T. mos. T. ds. |
| 9 BIRTHPLACE (State of country) | Contributory Secondary (Duration) VIS. mos. de. |
| 10 NAME OF FATHER SUILLEANING A. Wer hard | (Signed) M. D. |
| OF FATHER (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal. |
| 12 MAIDEN NAME OF MOTHER OF MOTHER | 16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER | ients or Recent Residents) At place In the of deathyrs |
| (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| 7/-/Mials | Former or usual residence |
| (Informant) | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 15 Filed July 28 1931 M. Brasheave | 20 UN DERTAKER ADDRESS |
| Registrar If more blanks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the loborer, Form loborer, Laborer—Cool minc, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, Housemuid; etc. If the occupation has been changed gaged in domestic, service for wages, as Scrvant, Cook household only (%) report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material paid Housekeepers who receive a Salesmon, (6) Grocery.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

stated unless important. Example: Measles (disease corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart ranner," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinomo, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, menapproved by telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. State eause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonilis, diseases can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train taken. For violent deaths state means of injury Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as or intercurrent) affection need not be Committee on Chronic volvular heart disease etc. The Nomenclature contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimor Requesting V. S. No. 1.

FOR BINDING

RESERVED

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic scrvice for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| cample-I | | Example II | |
|--|--|--|---|
| th and related causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| LAHO OF THE | 1915 | Attack of epilepsy | 1 week ago |
| AUG A LOL | 1921 | Run over by street car . | 1 week ago |
| BUNNUV | July 5,1927 | Peritonitis | 3 days ago |
| | To the second se | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | 1 year |
| | Mug1,1325 | (mondenierus) | 1 year |
| | | th and related causes Date of onset over: 1915 1921 July 5,1927 of importance: | The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis |

| al . | ADDITIONAL SPACE FOR FURTHI | STATE | MENIS BI F | HISICIAN | |
|-------------|-----------------------------|-------|------------|-------------------|--|
| | | 23.7 | 14 3 | 0.6 | |
| | | | | The second second | |
| Marie Const | | | | | |

| a ct | PLACE OF DEATH County Prince Georges | | | |
|--|---------------------------------------|--|--|--|
| Ză | | | | |
| ed EAACILT, portificate. | Vi | Mage or City Seat Pleasary No. | | |
| rly c | | 2 FULL NAME Mary Valme | | |
| COG | | PERSONAL AND STATISTICAL PARTICULARS | | |
| D D | 3 5 | SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MODOWED, OR DIVORCED (Write the word) | | |
| it may | B | DATE OF BIRTH | | |
| that it | | (Month) (Day) (Year) | | |
| supplied. ALE so that i | 7 / | If LESS that I day hror min | | |
| particular kind of work home huff (b) General nature of industry business, or establishment in which employed or (employer) | | | | |
| EAT | 9 BIRTHPLACE (State or country) | | | |
| ery o | | 10 NAME OF St. N. Steele | | |
| CAUSE OF | ENTS | 11 BIRTHPLACE OF FATHER (State or country) Va. | | |
| | PAR | OF MOTHER Mary Ray | | |
| d state | | 13 BIRTHPLACE OF MOTHER (State or Country) 12 13 BIRTHPLACE OF MOTHER | | |
| should ent of 0 | 14 | (Informant) addi Barres | | |
| CIANS sho | | (Address) Sent Pleasant My | | |
| St | 15 | File July 22 1923 / Grace alow | | |

08391

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stend of street and number.) Ward)

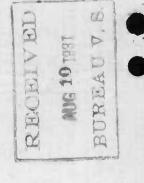
| | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| | 6 DATE OF DEATH |
| 9 | July 22 , 1983/ |
| _ | (Moath) (Day) (Year) |
| | 17 I HEREBY CERTIFY, That I attended the deceased from |
| 3 | July 10 1923 (to goly 2-2-1923) |
| | that I last saw her alive on July 2/ , 1923 |
| n | and that death occurred on the date stated above, at 8.13 A m |
| | The CAUSE OF DEATH * was as follows: |
| | |
| 1 | intertical impaction - |
| | |
| | |
| ı | (Durstion) mos/ ds |
| 1 | Contributory |
| | Secondary |
| | (Duration) yrs mos, de |
| | (Signed) M. D |
| 1 | July 22 192 (Address) Slat & leasant me |
| | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans |
| | ients or Recent Residents) |
| | At place of death yrs mos ds. |
| | Where was disease contracted, if not at place of death? |
| | Former or usual residence |
| | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 7-24, 1931 |
| 1 | 20 UNDERTAKER ADDRESS |
| | rescal a con a state of made |

S. No.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons enetc., Without Anderer—Coal mine, con-rer, Farm laborer, Laborer—Coal mine, con-at home, who are engaged in the dutics of the at home, who are engaged in the dutics of the at home, who are engaged in the dutics of the For many occupations a especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DIS-EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"



inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of stited unless important. Example: Measles (disease "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping cough; American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi . (name origin; "Cancer" is less definite; avoid interstitial nephritis, Chronic valvular heart disease; etc. The contributory "Dropsy,

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CORD

-Every item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CIAN'S should existe CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.

| PLACE OF DEATH | 08392 STATE OF MARYLAND |
|--|--|
| County The Raws | CERTIFICATE OF DEATH |
| | Registration Dist. No. 237 |
| Village or City June Lawood No. | St.: Ward) (If death occurred in a hospital or institu- |
| 2FULL NAME Januarud | Red tion, give its l'AME is - stend of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4 COLOR OR RACE 5 SINGLE. MARRIEO, WIDOWED. OR DIVORCED | 16 DATE OF OEATH Still but 17-15,- 1931 |
| Mull (Write the word)/My | (Month) (Day) (Year) |
| 6 DATE OF BIRTH | |
| (Year) | that I last saw halive on, 192, |
| 7 AGE If LESS than | and that death occurred on the date stated above, atm, |
| l dayhrs. | The CAUSE OF DEATH * was as follows: |
| 0 yrs. 0 mos. ds. or min.? | Light Kned in spickled |
| (a) Trade, profession or | Cord Churing Stipligh |
| particular kind of work | J. Cirlingelian |
| (b) General nature of industry business, or establishment in | (Durstion)yrsmosds, |
| which employed or (employer) | Contributory |
| 9 BIRTHPLACE (State or country) | Secondary (Doration) |
| TO NAME OF FATHER TIME (A COLL POLA) | (Signed) M. D. |
| 10 11 BIRTHPLACE | July 15 190/ (Address) Affilh Als O Mila |
| OF FATHER (State or country) | State the Lisease Causing Death, or, In deaths from Visient Causes, state (1) Means of Injury and (2) Whether accidental, Suicidal or Homicidal. |
| of MOTHER Hranks Fellean For | 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) | At place of deathyrsmosds. in the Stateyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE | Where was disease contracted, it not at place of dea h? |
| (Informant) Frances Sellean Peed | Former or usual residence |
| (Address) MARINOOD Jud | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (14) Home Place huy 5, 1931 |
| 15 Filed Joly 15 16 1921 James B. Coutles. Registras | 20 UNDERTAKER W. E. Perd Heghrand My |
| If more banks are needed, address tate Registrar | , 18 W. Saratoga St., Balto., Lequesting V. S. 1.0. 1. |

(Approved by U. S. Census and American Fublic Health Association.)

en at home, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to e.ch and every person, irrespective of whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e.g., Farmer or Planter, business, that fact may be indicated thus; Farmer bre-Housemaid, etc. If the occupation has been changed For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISTANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disc.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosi inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "IIaemorrhage, st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perilonilis," ele. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptominges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.Y cough; Committee on Nomenclature Chronic etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently field.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary). may be entered a. Housewife, House ployed, as At echool or At home. I are should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerworked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it buriness, that fact may be indicated thus: Farmer (reor given up on account of the disease carried DEATH, Housemeid, etc. If the occupation has been changed gaged in domestic service for wages as Servant, Cook, to report specifically the occ pations of persons en at home, who are engaged in the "pinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthwhatever, write None. (4) Foreman, (b) Automobile factory. The material Civil engineer, Stationary fromen. etc. tion applies to each and every person, irrespective of fulness of various purguits can be known. The ques-Statement of Occupation-Precise statement of oc-6 yrs.). For many occupations a single word or term on 15 .10 without more precise specification as Day Home, and children, not gainfully em-For persons who have no occupation -Coal mine, etc. Womduties of the But

Palacement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epitemic wrebrospinal meningitis"); Diphthera (avoid as of "Croup"): Typhoid fever (never report "Typhoid pheumonia."):

"Puenperal septicaemia," "Puenperal peritonitie," etc. rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronehopneumonia Chronic interstitial nephritis, etc. Poisoned by curbolic acid-probably suicide. train—accident: Revolver wound of head-Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under-"Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions." (name origin; "Cancer" is iess definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mon-Nomenclature of the American Medical Association.) (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; of "contributory." FOR VIOLENT DEATHS STATE MHANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal (Recommendations on state-The contributory -homicide; Measles; The ua-(second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

8. No. 1

THE

PHYSI-

| | PLACE OF DEATH. | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/33 |
|----------------|--|--|
| Vill | 2 FULL NAME alice C Por | St.: Ward) (If death occurred in a hospital or institution, give its NAME isstead of street and number.) |
| - | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 5 | wall Color or RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCE OR DIVORCE (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| 60 | (Month) (Day), 1929 | that I last saw hely alive on the last saw hely alive on 192/, 192/, |
| 7 A | 2 yrs. 6 mos. 4 ds. or min.? | and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows: |
| (a pa (b | Trade, profession or articular kind of work O) General nature of industry usiness, or establishment in | (Duration)yrsmosda. |
| - | HIRTHPLACE (State or country) | Contributory Secondary (Duration) (Duration) (Duration) (Duration) |
| S | 10 NAME OF RICHARD Parles 11 BIRTHPLACE | (Signed) (Mulau 1870) M. D. M. |
| ARENTS | OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER THE STATE OF T | *State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| ۵. | 13 BIRTHPLACE OF MOTHER (State or Country) | ients or Recent Residents) At place of deathyrsmosds. In the Stateyrsmosds. |
| 14 1 | (Informant) Ruchard Porter | Where was disease contracted, if not at place of death? Former or usual residence 19 FLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 15 | Filed July 27 1931 Ernest W. Garne Registras | La Journes La Masco Ind |
| - | If more blanks are needed, address Ltate Registral | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housefulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestie service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a W.8). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons (b) Automobile factory. The material who have no occupation single word or term on (b) Grocery;

Streement of Cause of Death—Name, first, the DIE EAR COUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feeer (the only definite synonym is "Epidemie eerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) (Recommendations on statement of cause of or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the eause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Example: Measles (disease Measles;

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TH UNFADING INK--THIS IS A PERMAN

MARGIN RESERVED FOR BINDING WRITE PL

V. S. No. 1

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD

| | PLACE OF DEATH County France Leving | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 23 2 |
|---|---|--|
| | Village or City Men Men (No.) | St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| 1 | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH 19, 1.12/ |
| | (Monyh) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from 192 . to |
| | 7 AGE If LESS than I day hrs. or min.? | and that death occurred on the date stated above, at |
| | (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | Duration) Jrs. mos de. |
| | 9 BIRTHPLACE (State or country) 1 10 NAME OF | Contributory Secondary (Duration) yea |
| | FATHER Canon Hulbrer Wey | uly 20 192] (Address) Upper Mentborn |
| | OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths thank Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| | of MOTHER Alberta & Mulary's 13 BIRTHPLACE OF MOTHER (State or Country). Maryland | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. |
| | 14 THE ABOVE IS TRUE TO THE BEST OF MY NOWLEDGE | Where was disease contracted, if not at place of dea.h? Former or usual residence. |
| | (Informant) (Address) Upper Kufulty | hear befor becallow bed July 20, 19 1 |
| | 15 Filed Jel 20 192 1 A bus furth | Canon MI Rober Sypa Meals |
| | If more banks are needed, addre.s State Registration | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from of given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an tion applies to each and every person, irrespective of Housenuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-Civil engineer, Stationary fireman, etc. But in many Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a yr8): Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Laborersingle word or term on Coul mine, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EANS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> American Medical Association.) approved by Committee on (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably smeide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilondits," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Lizemorrnage, "Shook," "Shook," "Old Age," "Shook, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train Chronic interstitial nephritis, (secondary or intercurrent) Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic Example: Measles (disease affection need etc. The contributory valvular heart Nomenclature not disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

66

Z

W.

| PLACE OF DEATH County Prince Longe | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 235 |
|--|--|
| Village or City Oxon 14il (No. 2 FULL NAME ME Edward LE | St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and humber.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male White Single, Manual Wildowed OR DIVORCED (Write the word) | 16 DATE OF DEATH (Youth) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from |
| DATE OF BIRTH | July 2 3 4 198/ to 7, 192 |
| (Month) (Day) (Year) AGE If LESS than | and that death occurred on the date stated above, at 7.30.4.m. |
| OCCUPATION (a) Trade, profession or Putaring brown of particular kind of work Maring for mounts | Cardia Hyputroffy |
| (b) General nature of industry business, or establishment in which employed or (employer) M. S. M. | Contributory Quite (Indigistion Secondary (Duration) yrs. mos. da. |
| 11 BIRTHPLACE OF FATHER (State or country) 12 MAHDEN NAME | (Signed) M.D. 7/29. 193/. (Address) 32.1/ 5.5 % & *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Jeans of Injury: and (2) whether Accidental, Suicidal or Homicidal. |
| OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country) | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place In the of death yrs mos da. Where was disease contracted, |
| (Informant) Mrs. Mrs. Scollands (Address) Over Hill Mil. | Former or usual residence. DATE OF BURIAL OR REMOVAL DATE OF BURIAL |
| Filed 7/23 131 Thoo D. Ffilt. | Ledar Hell Cenetry July 23,1931. |
| If more blanks are needed, address State Registrar. | 16 W Saratoga St., Balto., Requestive V. S No. L |

CERTIFICATE OF DEATH

(Approved by U. S. ('ensus and American Public Health Association.)

ployed, as At school or At home. Care should be taken additional line is provided for the latter statement; it to report specifically the occ pations of persons endefinite salary). may be entered as Housewife, Houseon at home, who are engaged in the duties of the worked on may form par: of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthwi a.ever, write None. tired 6 yes.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re state occupation at beginning of illness. If retired from or given up on account of the bise. Is calsing bearing Housemaid, etc. If the occupation has been changed raged in domestic service for wager as Servent, Cook bousehold only anot paid Housekeepers who receive a laborer, Farm laborer: Laborer-Caal mine, etc. Wom-Civil engineer. Stationary firemen, etc. But Physician, Compositor, Architect, Locomotive engineer, tion applied to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation Precise statement of ocetc., Foreman, (b) Automobile factory. For many occupations a single word or term on especially in inclustrial employments, it is necesor A! Home, and children, not gainfully emwithout more precise specification as Day As examples: (a) The material The quesin many

Statement of Cause of Death—Name, first, the distance causing duarte (the primary affection with respect to time and education), using always the same accepted term for the same disease. Examples: Correbrospinal fever (the only definite synonym is "Epidemic wrebrospinal meningitis"); Diphtheria (avoid usu of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

quences (e. g., sepsis, tetanus) may be stated under the ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The nadiseases resulting from childbirth or miscarriage as symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia." "Anaemia" Nomenclature of the American Medical Association.) train-accident: Revolver wound of head-homicide, Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under-"PUERPERAL septicaemia,""PUERPERAL peritonitis," can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease rbage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., inqualified, is indefinite); Tuberculosis of lungs, menvulsions." (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. Whooping cough; Chronic valvulur heart disease; (name origin; "Cancer" is less definite; avoid of "contributory." For "Debility" ("Congenital," "Senile," ctc.), VIOLENT DEATHS STRIC MEANS OF INJURI (Recommendations on state-Carcinoma, Sarcoma, etc., Example: Measles failure." Always qualify all The contributory "Flaemor-(second-(disease (merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.

| PLACE OF DEATH | STATE OF MARYLAND |
|--|---|
| County Prince Leagus (157 | CERTIFICATE OF DEATH |
| | Registration Dist. No. 242 |
| Village or City Cap 1+gto md (No. | Usuar Cure St.: Ward) (If death occurred in a hospital or institution, give its NAME in- |
| 2FULL NAME Inf. Gilbert G. + Ruth J | Swith stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH July 2 , 195 (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| June 30 , 1931 | June 33 13/ 10 July 2 , 1923/, |
| (Month) (Day) (Year) | that I last saw h maive on July 1929, |
| 7 AGE If LESS than | and that death occurred on the date stated above, at 10217 m, |
| yrsmosds. ormin.? | The CAUSE OF DEATH * was as follows: |
| a occupation (a) Trade, profession or | Patent Forante O bale |
| particular kind of work (b) General nature of industry | |
| business, or establishment in which employed or (employer) | (Durstion) yrs mos ds. |
| 9 BIRTHPLACE (State or country) | Contributory Cardio rusper along tailer Secondary |
| 10 NAME OF Q. A.A. | (Durstion) yre mos de. |
| FATHER Telbert J. Smith | (Signed) M. D. |
| II BIRTHPLACE OF FATHER | (Address) Walling To |
| Z (State or country) | *State the Diseaso Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of Mother Ruth & Michaels | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) | At place In the of deathyrsmosds. Stateyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| (Informant) Ruth L. Sunth. | Former or usual residence |
| (Address) Cap Hyth mil | addison Chapel and July 3, 1931 |
| 15 Filed Al 3. 1931 gran & Wear | 20 UNDERTAKER PROBLETS ST 41 |
| If more bianks are needed, address State Registrat | r, 16 W. Saratoga St., Balto., Requesting V. S. No. I. |

6008

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, the first line will be sufficient, e. g., Farmer or Planter, Housemaid, etc. laborer, Foreman, For many occupations a single word or term on 07 yrs). Form laborer, Laborer-(b) Cotton mill; (a) Solesman, (b) Grocery; man, (b) Automobile factory. The material At Home, and children, without more precise specification as Day For persons who have no occupation If the occupation has been changed -Coal mine, etc. not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")



telanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by roilway train-Chronic interstitiol nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| PLACE OF DEATH | STATE OF MARYLAND |
|--|---|
| County L. Georges | CERTIFICATE OF DEATH Registration Dist. No. 143 |
| Village or City odington (No | St.: Ward) (If death occurred in a hospitel or institution, give its NAME in stend of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| mole balored Stingle, MARRIED, WIDOWED. OR DIVORCED Seigle (Write the word) | 16 DATE OF DEATH YELLY 7 , 19:03/ |
| S DATE OF BIRTH Pely 14, 1931 (Month) (Day) (Year) | that last saw havelive on July 9 1927 |
| 7 AGE yrs. 2 mos. 23 ds. or min.? | The CAUSE OF DEATID was as follows: |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in | |
| 9 BIRTHPLACE (Ntate or country) Marylock | Contributory Bol feeding de |
| 10 NAME OF FATHER Pace Homes | (Organd) Thos Walfe M. D. Dalole ma |
| OF FATHER (State or country) 12 MAIDEN NAME OF FATHER Mary local Mary loca | *State the Disease Causing Death, or, in deaths from Violent Causea, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. |
| of MOTHER Mary & Brawn | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| OF MOTHER (State or country) Mary loud | At place of death yis mos. ds. State yrs mes ds |
| (Informant) | if not at place of death? Former or usual residence. 19 PLAGE OF BURIAL OR REMOVAL /DATE OF BURIAL |
| (Address) Dawie MA | White Marsh July 29. 1931. |
| Registras If more blanks are needed, addrosa State Registrar, | Maring Holum Cons Bowy Zud |
| winter are meater, autrosa State Registrar, | to tre wateroga week waters stoughtenering to ar, 1700 to |

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health Housemaid, etc. If the occupation has been changed tion applies to each and every person, irrespective of Civil engineer. Physician, Compositor, Architect, Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomolive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); I lobar pneumonia. Bronchopneumonia ("Pneumonia."

"Exhaustion," "Heart range," "Old Age," "Shock," "Inanition." "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) tetanus) may be stated under the head of "contributory" as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suncide. The nature of the injury, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury causing Whooping cough; Chronic Chronic interstitial nephrilis, use of "Tumor" for malignant neoplasms); Meusles, inges, perilonaeum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), by Committee on Nomenclature Chronic valvular heart disease; etc. The contributory etc., of

answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state CORD. Every item of infor-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE OF MARYLAND | CERTIFICATE OF DEATH USDED |
|---|---|
| 1. PLACE OF DEATH | 8 |
| County Puney Year 915 | Registration Dist. No. 23D |
| Village or City Beruss, | ND. St. War |
| | f death occurred in a hospital or institution, give its NAME instead of street and number) s |
| (Chill .) M | syis. now long in 0,5.11 of foreign biftingyisyis |
| 2. FULL NAME (Sky (SW)) V Lune | .00 |
| (a) Residence: Np. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Topics the word) | 21. DATE OF DEATH |
| 5a. If married, widowed, or divorced HUSBAND of | |
| (or) WIFE of | 22. HEREBY CERTIFY, That I attended deceased from |
| the design of the second | 193/, to |
| 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than | I last saw h 19 |
| 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importence |
| 8. Trade, profession, or particular | were as follows: |
| kind of work done, as SPINNER, | Prince in Black |
| 9. Industry or business in which | |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | - |
| | |
| year) occupation | Other Coutributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) | |
| (Stete or country) | |
| 13. NAME Clasley Thurs 14. BIRTHPLACE (city or town) Bruyer and | |
| 14. BIRTHPLACE (city or town) | Name of operation Date of |
| (State of Country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME COLLE & Kally (State or country) | 23. If death was due to externel causes (VIOLENCE) fill In also the following: |
| 16. BIRTHPLACE (city or town) (State or country) | Accident, sulcide, or homicide? |
| C TT | Where did Injury occur? (Specify city or town, county and State) |
| 17. INFDRMANT (Andders) | Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| PlaceDate | - Nature of injury |
| | 24. Was disease or injury in any way related to occupation of deceased? |
| 19. UNDERTAKER (Address) | 24. Was disease or injury in any way related to occupation or deceased. |
| 20. FILED July 14 19 3 1 John & Smith Registrar. | (Signed) W. Cleby Serfect M. |
| V | 2411 N. Charles Street, Balismore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| E | xample I | | Example II | |
|---|---|-------------|--|---------------|
| The principal cause of dea of importance were as foll | ath and related causes ows: RECEIVE | | The principal cause of death and related causes of importance were as follows: | Date of onset |
| | ECKE CALL N. K. | 1915 | Attack of epilcpsy | 1 week ago |
| Chronic interstitial nephritis | | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage | 6 A 1931 | July 5,1927 | Peritonitis | 3 days ago |
| | BUREAU Y | 5. | | |
| Other contributory causes | of-importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

PLACE OF DEATH

YSI-

ciassified.

on back

instructions that

99

important.

ATION IS

CAUS

of information

Every Item of Inform CIANS should state statement of OCCUP,

Ü

supplied terms

be carefully EATH in plai

should se oF Di

RESERVED

MARGIN

2FULL NAME How

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 233

Ward)

(If death occurred in a hospital or institu-tion, give its NAME is-stead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

| 3 | SEX | 4 COLOR OR RACE | SSINGLE, MARRIED, WIDOWED. OR DIVORCED | |
|---|-------------|-----------------|--|--|
| 8 | DATE OF BIR | ware _ | (Write the word fulau) | |
| | DATE OF BIR | 1,6 | 8 93/ | |

7 AGE

I day hrs.

(Day)

(Year)

IIf LESS than

B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry

business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE PARENTS OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

> 13 BIRTHPLACE OF MOTHER (State or Country)

> > (Address)

14 THE ABOVE IS TRUE TO THE BEST OF

(Informant)

MEDICAL CERTIFICATE OF DEATH

| 1B DATE OF DEATH | Luly | 8 | , 1923/ |
|--|---------------|----------------|---------|
| | (Month) | (Day) | |
| | \/ | attended the | |
| | 19 to | | , 192 |
| that i last saw hali | e oh | | , 192 |
| and that death occurred o | n the date st | ated above, at | P |
| The CAUSE OF DEATH * | Camps | Jernigo To | |
| Pales about 8 | | 4 // 4 / 6 | 75/ |
| Blacanta and C | arch alle | reged | |
| Brotably St | Caparint and | the you | mosds |
| Poweributory / | 9 Ja | for g | ! P |
| #9 # * * * * * * * * * * * * * * * * * * | (Durstion) | У18 | .mosds |
| (Signed) Faul C. | Van | Hatta | M. D |
| / / | - 4 | A - M | |

192 (Address) Unach Marlborg AB State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

| At place of deathyrsmosds. | In the State |
|-------------------------------|--------------|
| Where was disease contracted, | |

if not at place of dea.h?.... Former or

DATE OF BURIAL

usual residence

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housestate occupation at beginning of illness. If retired from work, Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthguged in domestic service for wages, as Screant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rcor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons ener," etc., worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, M8). (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons (b) Automobile factory. The material Laborer-Coal mine, etc. Womwho have no occupation 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feror (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid ferer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. Whooping cough; Chronic valvular heart Chronic interstitial nephritis, etc. The con (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY by Committee on etc. The contributory Nomenclature of the Always qualify all disease; Measles;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S No. 1

| 1 | 1 | 08491 |
|---|--|---|
| | PLACE OF DEATH | STATE OF MARYLAND |
| / | County Pr Geo Ceo | CERTIFICATE OF DEATH |
| | | Registration Dist. No. |
| | Village or City Mitchellerlle (No. | St.: Ward) (If death occurred In a hospital or institution, give its NAME is |
| | 2FULL NAME Lelliam Margaret 1 | Sack stead of street and number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | 7 sex 4 color or race 5 single, Mindled, White Widowed. OR DI ORCED (Write the word) | 16 DATE OF DEATH July 5 , 192/ July (Month) 5 (Day) (93/ (Year) |
| | 6 DATE OF BIRTH March 193/ (Month) (Day) (Year) | 17 I HERERY CERTIFY, That I attended the deceased from |
| | 7 AGE (Month) (Day) (Year) | and that death occurred on the date stated above, at #30 Qm. |
| | 1 dayhrs. | The CAUSE OF DEATH * was as follows: / |
| | yrsds. ormin.? | acute ordigistion |
| 1 | 8 OCCUPATION (a) Trade, profession or | |
| 1 | particular kind of work (b) General nature of industry | (), (), () |
| | business, or establishment in | (Duration)ds. |
| | which employed or (employer) | Contributory |
| • | 9 BIRTHPLACE (State or country) N.C. | Secondary |
| | 10 NAME OF A | Duration) |
| | FATHER Junes & Viele | (Signed) M. D. |
| | OF FATHER | (Address) Letter MA |
| | Z (State or country) | *State the Disease Causing Desth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| | of Mother Marcha Lames | 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Truns- |
| | 13 BIRTHPLACE OF MOTHER (State of Country) | At place In the of deathyrsmosds. Stateyrsmosds. |
| | 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disesse contracted, if not at place of dea.h? |
| | (Informant) Garland Vick | Former or usual residence |
| | (Address) Witchellville Wil | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL July 7, 1931 |
| | 15 Filed 7/6 1931 Newy Phyko | Laren Ce Horeacr mitchellie |
| | If more b.anka are needed, addre.s Ltate Negistrar | , 16 W. Saratoga St., Balto., Kequesting V. S. co. 1. |

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Ilouscuife, Ilouseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia")

unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, ctc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, approved by telanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The n_ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. Whooping (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Committee on Nomenclature of the Chronic valvature contributory Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH 08402 infor-1. PLACE OF DEATH 207 Should Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) S Length of residence in city or town How long in U.S. if of foreign birth? PHYSICIAN (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 4. COLOR OR RACE OR DIVORCED (write the word) PERMANENT anied (Day) BINDING classified 5a. If married, widowed, or divorced **HUSBANO** of ERTIFY, That I ettended deceased from (or) WIFE of E 6. DATE OF BIRTH (month, day, end yeer) certificate. properl 7. AGE Years Months If LESS than to have occurred on the dete stated ebove, at FOR stated 1 dey,____hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance S or min. were es follows Oate of onest 8. Trede, profession, or particular THIS NO MARGIN RESERVED kind of work done, as SPINNES Jo SAWYER, BOOKKEEPER, etc. 9. Industry or business in which may back should work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Oato deceased lest worked et 11, Totel time (years) this occupetion (month and spent in this that occupetion. instructions UNFADING Other Contributory Causes of importence a K.K. enjung 12. BIRTHPLACE (city or town) (Stete or country) supplied. terms, FATHER 13, NAME 14. BIRTHPLACE (city or town plain (State or country) should be earefully What test confirmed diegnosis? MOTHER important. 15. MAIOEN NAME 23. If death was due to externel causes (VIOL ENCE) fill in also then following: Accident, sulcide, or homicide? OF DEATH 16. BIRTHPLACE (city or town (State or country Where did Injury occur? ____ in INOUSTRY, THOME, or In PUBLIC PLACE Specify whether injury occurred (Address) 18. BURIAL, CREMATION, OR WRITE Manner of injury AUSE mation NOIL Nature of injury of injury in eny way related to occupation of deceesed? 19. UNDERTAKER (9 all as our 20, FILEO. Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting ?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis , | 1921 | Run over by street-car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| Other centributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH 08493 1. PLACE OF DEATH Registration Dist. No. shour Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred ___ds. How long in U.S. if of loreign birth?. statement 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) CTL BINDING ssified 5a. If married, widowed, or divorced HUSBAND of 22. REBY CERTIFY. That i attended deceased from (Or) WHEE of 田 I last saw death is said 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE Days II LESS that to have occurred on the date stated above, at FOR 1 day, The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows Oate of onset 8. Trada, prolession, or particular kind of work done, as SPINNER, RESERVED SAWYER, BDDKKEEPER, etc. may 9. Industry or business in which should bac work was dona, as SILK MILL SAW MILL, BANK, etc. fO. Date deceased last worked at on 1f. Total time (yeers) this occupation (month and spent in this occupation instructions OS 12. BIRTHPLACE (city or town (State or country) supplied. FATHER 13. NAME 14. BIRTHPLACE (city or town Name of operation. plain (State or country) What test confirmed diagnosis? efully HER important. 15. MAIDEN NAME 23. If death was due to axternal causes (VIDLENCE) fill in also the following: 10 be car Accident, suicide, or homicide DEATH f6. BIRTHPLACE (city er town (State or country) Where did injury occur?. (Specify day or town, county and State) Specify whether injury occurred in JNDUSTRY, in HOME, or in PUBLIC PLACE. should 17. INFORMANT OF (Address) 18. BURIAL, CREMATION OR Manner of Injury WRITE AUSE mation Nature of injury LION 19. UNDERTAKER (Address) if so, specily 20, FILED. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Perilonitis | 3 days ago |
| | | Rian Land | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S. No. 1

N. B.

| 1 | 1 | 08494 |
|------|--|--|
| | PLACE OF DEATH | STATE OF MARYLAND |
| | County Some George | CERTIFICATE OF DEATH |
| | Y. The state of th | Registration Dist. No. 235 |
| , | Village or City Sulland (Nord Part Plle | to state was (if death occurred in |
| | 2 FULL NAME Jaseph Jefferson 4 | Thitself |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | S SEX 4 COLOR OR RACE 5 SINGLE, | 16 DATE OF DEATH |
| | WIDOWED. OR DIVORCED , 1 | July 4 , 1923/ |
| | Male Colored (Write the word) Wednesd | (Month) (Day) (Year) |
| | DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the decensed from |
| | Sept 10 1882 | , 192, to, 192, |
| | Month) (Day) (Year) | that I last saw halive on, 192, |
| | 7 AGE | and that death occurred on the date stated above, at |
| | l day hrs. | The CAUSE OF DEATH * was as follows: |
| | yrsinosds. ormin.? | Found dead about 8 Am July 5, Du Pont Hughts |
| No | OCCUPATION | word Thetory of hypertension and Cerebral |
| 1 | V(a) Trade, profession or gardener | 1 0 V Chall . |
| J | (b) General nature of industry | hemarrhage with where of west nygrandin |
| H | business, or establishment in Which employed or (employer) | Orobably Cardian Dacomography salinois and Villamonance |
| 1 | | Edesha, Contributory |
| | (State or country) Suitland and | Secondary Calcher story stick of the Place. |
| | 10 NAME OF FATHER 1 11 7.0-4 | (Signed) Saul & Van Matta M. D. |
| | Jefferson Whilney | July 5 - 1903 1. (Address) Waser Marlbara A#1 |
| | IN II BIRTHPLACE | *State the Disease Causing Death, or, in deaths from |
| | Z (State or country) W | Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| - 11 | 12 MAIDEN NAME OF MOTHER Margaret Mills | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| | 13 BIRTHPLACE | ients or Recent Residents) |
| | OF MOTHER (State or Country) Maryland | of deathyrsmosds. In the Stateyrsmosds. |
| | 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? |
| 11. | | Former or |
| | (Informant) Mannie Glater | usual residence |
| | (Address) 1035-13 St 52 Washington | For estelle 7 8 1936 |
| | Filed July 6' 131 James & Gr Led Registral | 20 UNDERTAKER ADDRESS ADDRESS SCHOOL |
| 1 | If more beanks are needed, addre a State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Scrvant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housenwid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement.
Never return "Laborer," "Foreman," "Manager," "Deal-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile fuctory. The material For many occupations a single word or term on Or 118). Farm laborer, (b) Cotton mill; (a) Salesman. (b) At Home, and children, without more precise specification as Day For persons who have no occupation Laborer--Coal mine, etc. not gainfully em-Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEA: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. Examples: Accidental drowning; Struck by railway train-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Ilaemorrhage, stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart disease; etc. The contributory Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

8

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH engl Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How tong In U.S. if of foreign birth? Length of residence in city or town where death occurred 2. FULL NAME If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) CTL BINDING 5e. If married, widowed, or divorced HUSBAND of Y. That I attended deceased from (or) WIFE of 1 6. DATE OF BIRTH (month, day, and yeer) certificate proper 7. AGE Months Days tf LESS than to have occurred on the date stated above, et. FOR I day hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 6.3 ---- min. were as follows: Date of onset 8. Trede, profession, or particular TION kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. MARGIN RESERVED jo may back 9. Industry or business in which should work was done, es SILK MILL, SAW MILL, BANK, etc ... 10. Dato deceased last worked t 11. Total time (years)
spent in this 2 5 on this occupation (month a that occupation instructions Other Contributory Causes of 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation ... 14. BIRTHPLACE (city or town) in plain (State or country) should be carefully OTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: important Accident, sulcide, or homicide? _____ Date of Injury____ 16. BIRTHPLACE (city or town) OF DEATH (State or country) Where did injury occur? ... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE, (Address) 18. BURIAL Manner of injury CAUSE mation LION Nature of injury.... 24. Was disease or Injury in any way related to occupation of 19. UNDERTAKER (Address) If so, specify (Signed) 20, FILED. Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronie interstitial nephritis | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BURRAUV | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

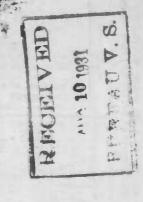
PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH EXACTLY, E Registration Dist. No. 2 (If death occurred in a hospital or institu-tion, give its NAME it Ward) cperly class stead of street and number.) stated PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH P 4 COLORIOR 16 DATE OF DEATH MARRIED WIDDWED back OR DIVORCED pino may (Month) CERTIFY . That I attended the deceased from 6 DATE OF BIRTH that ш instruction (Month (Day) IIf LESS than 7 AGE death occurred on the date stated 0 supplied. in terms s I day hrs. ds. or min.? mos. OCCUPATION (a) Trade, profession or particular kind of work carefully (b) General nature of industry business, or establishment in ..(Duration) which employed or (employer Contributory MARGIN Secondary (State o 4 D W 19 NAME OF PD (Signed). 31 FATHER O SE C E P Causing Death, or, in deaths from ENT the Discase Violent Causes, atato (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. Ou CAU (State or count 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transinform state CCUP/ ients or Recent Residents) 13 BIRTHPLACE In the At place of death OF MOTHER State. (State or Country 00 Where was disease contracted, ot if not at place of dea.h?. = KNOWLEDGE to THE BEST OF item shou Every item CIANS sho statement usual residence DATE OF BURIA

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed g. ged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewije, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Physician, Compositor, ... Architect, the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is necesyra). For persons who have no occupation Locomolive engineer, The ques-

Statement of Cause of Death—Name, first, the DISEALL CAUCING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('crebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")



as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Enhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," approved by Committee on Nomenclature Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peruonitis," etc. stited unless important. Example: Measles (disease American Medical Association.) and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic affection necd not be etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. 243 St.: Ward) (If death occurred im a hospital or institu-EXA tion, give Its NAME instend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH be MARRIED. WIDOWED. BINDIN OR DIVORCED (Write the word) That I attended the deceased at Month) and that death occured on the date stated above, at 7 AGE IIfLESS than I day hrs. The CAUSE OF DEATH * was as follows: (f) terms ш R (a) Trade, profession or plain particular kind of work (b) General nature of industry business, or establishment in 2 (Duration)yrs.... which employed or (employer) ca I Contributory MARGIN 9 BIRTHPLACE EAT Secondary (State or country) Maryland 9 a 10 NAME OF la. 0 11 BIRTHPLACE (Address) w m OF FATHER S Z Z *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether CAU (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 2 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transinform state ccup/ ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death yrs...... mos. ds. State yrs mes (State or country) 00 Where was disease contracted, houl nt of if not at place of death? Every Item CIANS sho Statement usual residence DATE OF BURIA Registras

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., with laborer, additional line is provided for the latter statement; it tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," 'Manager," 'Deal-Spinner, (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health. Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact Housemaid, etc. If the occupation has been changed household only Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on 10 At Home, and children, not gainfully emwithout more precise specification as Day Cotton mill; (a) Salesman. (b) Grocery; (b) Automobile factory. The material who are engaged in the duties of the For persons who have no occupation Stationary freman, etc. But in many not paid Housekeepers who receive a may be indicated thus; Farmer (re-Laborer-Coal mine, etc. Architect, Locomotive engincer, Wom-

Statement of Cause

EASE CAUSING DEATH (the primary anecome to time and causation), using always the same accepted term for the same disease. Examples: (ercbrosphud fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup");

Trunhold fever (never report "Typhoid Pneumonia");

Bronchopneumonia ("Pneumonia");

"Uraemia," "Weakness," etc., when a definite disease " Exhaustion, "Debility" ("Congenital, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases (secondary or intercurrent) affection need not be attach unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions," peritonaeum, etc., Carcinoma, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY resulting from childbirth or miscarriage by Committee on cough; 'Congenital,' "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic and consequences (e.g., sepsis, etc. The contributory valvular heart Nomenclature Sarcomu, "Dropsy, disease; efc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the cartificate is permanently filed.